USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						COURT CASE NUMBER		
United States of America						19-00949 TYPE OF PROCESS		
MECHELLE L. MASTRIANIA a/k/a MECHELLE MASTRIANIA						Handbill		
SERVE	NAME OF INDIVIDUAL, COMPLANY, DORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MECHELLE L. MASTRIANIA a/k/a MECHELLE MASTRIANIA							
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP code) 9 Middle Street Pomeroy, PA 19367								
SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285		
KML Law Group, P.C. 701 Market St. Suite 5000 Philadelphia, PA 19106						Number of parties to be served in this case Check for service		- 1- (A - 1-)
						on U S A		
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service) Please post the property by September 8, 2019.								
Signature of Attorney other Originator requesting service behalf of						TELEPHONE NUMBER		DATE
Signature of Attorney other Originator requesting service benair of DEFENDANT						215-627-1322		7/5/19
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT WRITE BELOW THIS LINE								
I acknowledge receipt : number of process indi	for the total	Total Process District of Origin		District to	Signature of Author	ized USMS Deputy or Clerk		Date
(Sign only for USM 23. than one USM 235 is s	if more		No	No				_
I hereby certify and return that I have personally served , have legal evidence of service, have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the individual , company, corporation, etc., shown at the address inserted below.								
I hereby certify and return that I sm unable to locate the individual, company, corporation, etc. named above (See remark: below)								
Name and trie of individual served (if not shown above) A person of suitable age and discretion their residing in defendant's usual place of abode.								
Address (complete only different than shown above) Date Time								
8-14-19 10:35 pm								
4 hrs @ 65=260. 99 PTM.les @ .58= 57,42								
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or								
**************************************	57,4	2 -	- 5	57.42		(Amount of Refu	sa*)	
REMARKS: PROPORTS POSTED WITH NOTICE OF FRONT DOOR								

PRINT'S COPIES: 1. CLERK OF THE COURT
2. USMS RECORD

3. NOTICE OF SERVICE

4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/80